



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

| | | | |
|---|---------|------------|----------------|
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| Botti | Richard | C. | (808) 479-7966 |
| MAILING ADDRESS (Street) | | | FAX |
| 677 Ala Moana Blvd., Suite 815 | | | (808) 599-2606 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC. | | | (808) 533-6750 |
| MAILING ADDRESS (Street) | | | FAX |
| 677 Ala Moana Blvd., Suite 815 | | | (808) 599-2606 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |

PART II ORGANIZATION

| | | |
|--|--------------------------|--------------|
| Consumer Healthcare Products Association | TELEPHONE (202) 429-9260 | |
| MAILING ADDRESS (Street) | FAX (202) 223-6835 | |
| 900 19 th Street, NW, Suite 700 | | |
| (City) | (State) | (Zip Code) |
| Washington, | DC | 20006 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Kevin J. Kraushaar | | 202-429-9260 |
| MAILING ADDRESS (Street) | | FAX |
| 900 19 th St., NW Suite 700 | | 202-223-6835 |
| (City) | (State) | (Zip Code) |
| washington | DC | 20006 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Kevin J. Kraushaar Vice Pres, Gen'l

NAME OF ORGANIZATION (if applicable) TELEPHONE (202) 429-9260

Consumer Healthcare Products Association

MAILING ADDRESS (Street) FAX (202) 223-6835

900 19th Street, NW, Suite 700

(City)

(State)

(Zip Code)

Washington,

DC

20006

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)